

**Assisted Living Waiver
Application to Provide Assisted Living Services
By a Residential Care Facility for the Elderly**

Facility Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone #: _____ Fax Number: _____

License Number: _____ Licensed Capacity: _____

Do you have a hospice waiver? Yes ☐ No ☐

Do you have an available nurse (R.N. or L.V.N.) on staff? _____

How would you meet the skilled nursing needs of the ALW residents?

Describe your in-service training program and your method for documenting attendance:

Describe your process for soliciting and/or obtaining feedback from clients: _____

Describe your process for tracking incidents and client complaints: _____

How do you plan to deliver services in the event of an emergency? _____

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How many staff do you have awake at night? _____

Describe your Individualize Response System: _____

Describe how you and your staff will deliver a robust schedule of recreation and socialization 4-6 hours per day?

Application is Submitted By:

(Please Sign and Print Name)

(Title)

(Date)

Please submit application to:

Bernie Finneran, Health Program Manager I
Assisted Living Waiver
Long Term Care Division
Department of Health Care Services
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P.O. 997419
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